**OAKLAND PUBLIC LIBRARY**

**MEETING ROOM APPLICATION FORM**

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<th>Date of Application:</th>
<th>Date Received:</th>
<th>Staff Initials:</th>
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**ORGANIZATION**

Name of Applicant:

Organization:

Address:

Phone: Phone

Fax: Email

☐ For Profit  ☐ Non-Profit

Purpose of Organization:

**PROGRAM**

Description of Program:

Name of speaker:

Do you plan to distribute literature?  ☐ Yes  ☐ No

If yes, please describe or enclose a sample.

Expected Attendance: ______

**SCHEDULING INFORMATION**

Day of the week and time requested (Include set up & clean up):

Dates requested: (Please provide each calendar date. Attach a list if additional space is required.)

**REQUIREMENTS & APPROVALS**

Deposit Required:  ☐ Yes  ☐ No  Amount ______

Fee Required:  ☐ Yes  ☐ No  Amount ______

Proof of Insurance

Insurance Carrier

Policy Number

Request Approved:  ☐ Yes  ☐ No  Date:

Organization Notified of Board Decision Date: Staff Initials:

By signing below I acknowledge that I have read, understand, and will abide by the Oakland Public Library Meeting Room Rules & Regulations as well as the Oakland Public Library Behavior Policy.

Applicant’s Signature: __________________________ Date: __________